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DATE: February 23, 2001
TO: John L. Anderson
COMPANY: USPTO
FAX NO.: 703.305.3230
TELEPHONE NO.: 703.308.9116
FROM: Paulette D. Isler
OUR REF. NO.: PF-0561 PCT
YOUR REF. NO.: 09/744,196
PAGES : 9

As you requested, per our conversation this morning, I am faxing a copy of the Demand for Chapter II as filed on February 17, 2000. We filed the national application on January 16, 2001 and a "Notification of Abandonment" was mailed on 15 February 2001 stating that we failed to provide the full U.S. Basic National Fee by the 20 months deadline. However, by filing the Demand, we had the option of filing nationally by the 30 month deadline, which wasn't due until January 22, 2001. We filed the National 30 application in the US on January 16, 2001.

Please give me a call as soon as you receive your related file from your file room.

-pdi-

I will await your call so we can further discuss this issue in more detail.

This facsimile is intended for the addressee only and may contain confidential information. If you have received this facsimile in error, please call us at 650.855.0555 immediately to arrange for its return.

#3

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App
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Assistant Commissioner For Patents
BOX PCT
Washington, D.C. 20231
Attn: IPEA/US

Atty.

Applicants: Incyte Pharmaceuticals, Inc.
Inventor(s): Y. Tom Tang et al.
Int'l Appln. No.: PCT/US99/16637
Int'l Appln. Filing Date: 21 July 1999
For: MOLECULES ASSOCIATED WITH CELL
PROLIFERATION

En

- 1.
- 2.
- 3.
- 4.

Atty. Docket No.: PF-0561 PCT EXPRESS MAIL LABEL NO.:
EL 088 292 924 US

DI

Enclosed:

1. Chapter II - Demand (4 pp);
2. Fee Calculation Sheet (1 pg);
3. Associate Power of Attorney (1 pg.); and
4. Return postcard

DHC:MCC:efd

Rec'd PCT/PTO 17 FEB 2000

Date: 17 February 2000

#3

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Order has requested notification upon delivery.

*The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line

IPEA/ US**PCT****CHAPTER II****DEMAND**

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

| | | |
|--|---|--|
| For International Preliminary Examining Authority use only | | |
| Identification of IPEA | | Date of receipt of DEMAND |
| Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION | | Applicant's or agent's file reference |
| International application No. PCT/US99/16637 | International filing date (day/month/year) 21 July 1999 (21.07.99) | (Earliest) Priority date (day/month/year) 22 July 1998 (22.07.98) |
| Title of invention MOLECULES ASSOCIATED WITH CELL PROLIFERATION | | |
| Box No. II APPLICANT(S) | | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Incyte Pharmaceuticals, Inc. (old address: 3174 Porter Drive, Palo Alto, California, 94304 3160 Porter Drive Palo Alto, California 94304 United States of America | | Telephone No.: (650) 855-0555 Facsimile No.: (650) 845-4166 Teleprinter No.: |
| State (that is, country) of nationality: US | State (that is, country) of residence: US | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) TANG, Y. Tom 4230 Ranwick Court San Jose, California 95118 United States of America | | |
| State (that is, country) of nationality: CN | State (that is, country) of residence: US | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) LAL, Preeti 2382 Lass Drive Santa Clara, California 95054 United States of America | | |
| State (that is, country) of nationality: IN | State (that is, country) of residence: US | |
| <input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet. | | |

Sheet No. 2

International application No.

PCT/US99/16637

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

HILLMAN, Jennifer L.
230 Monroe Drive, #12
Mountain View, California 94040
United States of America

State (that is, country) of nationality:
USState (that is, country) of residence:
US

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

CORLEY, Neil C.
1240 Dale Avenue, #30
Mountain View, California 94040
United States of America

State (that is, country) of nationality:
USState (that is, country) of residence:
US

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

PATTERSON, Chandra
490 Sherwood Way, #1
Menlo Park, California 94025
United States of America

State (that is, country) of nationality:
USState (that is, country) of residence:
US

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

BAUGHN, Mariah R.
14244 Santiago Road
San Leandro, California 94577
United States of America

State (that is, country) of nationality:
USState (that is, country) of residence:
US

Further applicants are indicated on another continuation sheet.

Sheet No. 3

International application No.
PCT/US99/16637**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s) /common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name: for a legal entity, full official
 The address must include postal code and name of country.)

HAMLET-COX, Diana; BILLINGS, Lucy J.; CERRONE, Michael C.;
 MURRY, Lynn E.; STREETER, David G.; BANAIT, Narinder S.
 Incyte Pharmaceuticals, Inc.
 3160 Porter Drive
 Palo Alto, California 94304

Telephone No.:
 (650) 855-0555

Facsimile No.:
 (650) 845-4166

Teleprinter No.:

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed.

the description ☒ as originally filed
☐ as amended under Article 34

the claims ☒ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34

the drawings ☐ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☒ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☐ which is the language of publication of the international application.
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Sheet No. 4

International application No.

PCT/US99/16637

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|---|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) | : | sheets |

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| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input checked="" type="checkbox"/> other (specify): Postcard; Assoc. Power of Attorney |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


Michael C. Cerrone, Ph.D., Esq.

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5. below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

CHAPTER II

PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

| | | | | | |
|--|---|----------------|---------------------------------------|-------------|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">International application No.</td> <td style="width: 50%;">PCT/US99/16637</td> </tr> <tr> <td>Applicant's or agent's file reference</td> <td>PF-0561 PCT</td> </tr> </table> | International application No. | PCT/US99/16637 | Applicant's or agent's file reference | PF-0561 PCT | <div style="border: 1px solid black; padding: 5px;"> For International Preliminary Examining Authority use only </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"> Date stamp of the IPEA </div> |
| International application No. | PCT/US99/16637 | | | | |
| Applicant's or agent's file reference | PF-0561 PCT | | | | |
| Applicant INCYTE PHARMACEUTICALS, INC. | | | | | |
| Calculation of prescribed fees | | | | | |
| 1. Preliminary examination fee | 750.00 P | | | | |
| 2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i> | 162.00 H | | | | |
| 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box | <div style="border: 1px solid black; padding: 2px;">912.00</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">TOTAL</div> | | | | |
| Mode of Payment | | | | | |
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| <input type="checkbox"/> cheque | <input type="checkbox"/> revenue stamps | | | | |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> coupons | | | | |
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| Deposit Account Authorization <i>(this mode of payment may not be available at all IPEAs)</i> | | | | | |
| The IPEA/ <u>US</u> <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. | | | | | |
| <input checked="" type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account. | | | | | |
| 09-0108 | <u>16</u> February 2000 | | | | |
| Deposit Account Number | Date (day/month/year) | | | | |
| <div style="text-align: right;"> </div> Signature | | | | | |

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By: Nancy RamosPrinted: Nancy Ramos

**IN THE INTERNATIONAL
PATENT COOPERATION TREATY APPLICATION**

| | | | |
|-------------------|---|---|--------------------------|
| Applicant: | Incyte Pharmaceuticals, Inc. |) | |
| Inventors: | Tang et al. |) | |
| Title: | MOLECULES ASSOCIATED WITH CELL PROLIFERATION |) | Officer: Paul F. Urrutia |
| Intl. Appl. No.: | PCT/US99/16637 |) | |
| Intl Filing Date: | 21 July 1999 |) | |

Honorable Assistant Commissioner for Patents
Box PCT
Washington, D.C. 20231
Attn.: IPEA/US

ASSOCIATE POWER OF ATTORNEY

Sir:

I hereby appoint the following agents/attorneys, whose post office address is 3174 Porter Drive, Palo Alto, California 94304, as associate agent in the above-entitled application, to prosecute this application, to make alterations and amendments therein, and to transact all business in the Patent and Trademark Office connected therewith:

Adam Warwick Bell, Reg. No. 43,490; Danielle Pasqualone, Patent Agent, Reg. No. 43,847;
Susan K. Sather, Patent Agent, Reg. No. 44,316; Matthew R. Kaser, Patent Agent, Reg. No. 44,817,
Christopher Turner, Patent Agent, Reg. No. 45,167; Peng Ben Wang, Reg. No. 41,420

Please continue to address all future communications to:

Legal Department
Incyte Pharmaceuticals, Inc.
3160 Porter Drive
Palo Alto, California 94304

Respectfully Submitted,
INCYTE PHARMACEUTICALS, INC.

Michael C. Cerrone
Michael C. Cerrone, Ph.D., Esq. (39,132)

Dated: 16 February 2000

Incyte Pharmaceuticals, Inc.
3174 Porter Drive
Palo Alto, California 94304
Telephone: (650) 855-0555
Facsimile: (650) 845-4166

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